THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-0343.M2

NOTICE OF INDEPENDENT REVIEW DECISION

NOTICE OF INDEFENDENT NEVIEW BEGINGIN
August 7, 2002
RE: MDR Tracking #: M2-02-0833-01 IRO Certificate #: 4326
has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.
has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.
The independent review was performed by a physician reviewer who is board certified in orthopedic surgery, which is the same specialty as the treating physician. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.
Clinical History
This 47 year old female sustained a work related injury on when she slipped and fell resulting in a left shoulder sprain/strain. The patient has been diagnosed with left shoulder rotator cuff syndrome and has undergone two arthroscopies and repair of a lateral tear. The patient still complains of shoulder pain and has developed scapular winging and the treating physician has recommended that the patient undergo a pectoralis major transfer.
Requested Service(s)
Pectoralis major transfer.

Decision

It is determined that the pectoralis major transfer is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medial record documentation substantiates that the patient is suffering from winging of the scapula. Symptoms are present and the patient's range of motion is diminished. The proposed pectoralis major transfer is medically indicated as treatment for the patient's symptoms and physical findings. The procedure will provide improvement in shoulder function and provide pain relief. Stabilizing the scapula will provided a base upon which additional range of motion can be developed. Therefore, the pectoralis major transfer is medically necessary.

Reference: <u>Chaporan's Orthopedic Surgery</u>, 3rd edition, Lippencott-Williams-Wilkins, pp. 1695-1700. This decision by the IRO is deemed to be a TWCC decision and order.

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,